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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) SEIU COPE (Service Employees International Union Committee On Political Education) 1800 Massachusetts Ave NW ADDRESS (number and street) (Check if address is changed) Washington 20036 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS treas@seiu.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.seiu.org (Check if address is changed) DATE 2019 C00004036 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Hudson, Gerald, , , Type or Print Name of Treasurer Hudson, Gerald,,, [Electronically Filed] 05 16 2019 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

Only

	FFC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	i aye 🚣
Can	ndidate	e Committee:	
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below	.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Corinformation below.)	nplete the candidate
Nam Cand	e of didate		
	didate y Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	(D
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	•
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

	550 5 4 /5		5 2
\/\/ri	te or Type Committe	Revised 02/2009)	Page 3
	•	Service Employees International Union Committee On Politic	eal Education)
	<u> </u>		<u> </u>
		nected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sporisor
Se	rvice Employe	ees International Union	
N	Mailing Address	1800 Massachusetts Ave NW	
		Washington DC 20036	-
		CITY STATE 2	ZIP CODE
F	Relationship: 🗷 C	Connected Organization Affiliated Committee Joint Fundraising Representative Lead	dership PAC Sponsor
	Custodian of Records.	rds: Identify by name, address (phone number optional) and position of the person in poss	session of committee
	Iv Full Name	/atury, Arun, , ,	
		1800 Massachusetts Ave NW	
N	Mailing Address		
		Washington DC 20036	
Т	Title or Position	CITY STATE Z	ZIP CODE
L	Custodian of Recor	ds Telephone number 7	730 - 7000
		name and address (phone number optional) of the treasurer of the committee; and the nam nt (e.g., assistant treasurer).	ne and address of
		udson, Gerald, , ,	1
0	f Treasurer	1800 Massachusetts Ave NW	
N	Mailing Address	1000 INIASSACITUSETIS AVE INVV	
		Washington DC 20036	
	itle or Position	CITY STATE Z	IP CODE
L	Treasurer		30 7000

FEC Form	n 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Henry, Mary Kay, , ,	
Mailing Address	1800 Massachusetts Ave NW	
	Washington DC 20036	
	CITY STATE	ZIP CODE
Title or Position Designated Age	rint Telephone number 202 –	730 - 7000
	Depositories: List all banks or other depositories in which the committee deposits funds, holds	
	Depository, etc. Amalgamated Bank	
safety deposit bo	oxes or maintains funds. Depository, etc.	
safety deposit bo Name of Bank, [Depository, etc. Amalgamated Bank	
safety deposit bo Name of Bank, [Depository, etc. Amalgamated Bank 1825 K Street NW Washington DC 20006	ZIP CODE
safety deposit bo Name of Bank, [Depository, etc. Amalgamated Bank 1825 K Street NW Washington CITY STATE	ZIP CODE
Safety deposit bo Name of Bank, E Mailing Address	Depository, etc. Amalgamated Bank 1825 K Street NW Washington CITY STATE	ZIP CODE
safety deposit bo Name of Bank, I	Depository, etc. Amalgamated Bank 1825 K Street NW Washington CITY STATE Depository, etc.	ZIP CODE

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5(g) or	(h). Joint Fundraising	Participant:			
	1		FEC I	D number	C
	2.		FEC I	D number	C
	3.		FEC I	D number	C
	4.		FEC I	D number	C
-					
6. I		Organization, Affiliated Committee, Joi			e, or Leadership PAC Sponsor
	1199 Service Emp	loyees Int'l Union Federal Pol	Itical Action F	una	
	Mailing Address	330W 42nd St 7th Flr			
	Mailing Address				
		New York		NY	10036
	Relationship:	CITY ▲		STATE A	ZIP CODE ▲
		Organization	Joint Fundraisir		
_		7 million Committee	- Contradiction		Loudolellip 1710 Opolison
8. I	Designated Agent: Identify	by name, address (phone number - op	tional)		
	Full Name				
	Mailing Address				
		1			
					1
	TITLE OR POSITION	_ CITY ▲		STATE ▲	ZIP CODE ▲
	IIILE OR POSITION	• 	Telephone I	Number	
_					
		ies: List all banks or other depositories	in which the comm	nittee deposit	s funds, holds accounts, rents
	safety deposit boxes or mai	ntains funds.			
	Name of Bank, Depository, etc.				
	Mailing Address				
	J	1		1 1 1 1	
		CITY ▲		STATE ▲	ZIP CODE ▲

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.		FEC ID number	C
2		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	I Organization, Affiliated Committee, Joint Fundra American Dream Political Action Fun		e, or Leadership PAC Spon
Mailing Address	25 West 18th Street		
	New York	NY	10011
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	ative Leadership PAC Sp
	ed Organization Affiliated Committee Joint fy by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identing Full Name	fy by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional) CITY		
esignated Agent: Identing Full Name Mailing Address	fy by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identii Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY Te pries: List all banks or other depositories in which the	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional) CITY Te pries: List all banks or other depositories in which the	STATE A	ZIP CODE A
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esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY Te pries: List all banks or other depositories in which the	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

n). Joint Fundraisin			
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fund		e, or Leadership PAC Spor
New York State P	ublic Employees Federation - COPI	= 	
Mailing Address	Box 12414		
	Albany	NY NY	12212
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected	Organization X Affiliated Committee Join	nt Fundraising Representa	ative Leadership PAC S
	Organization Affiliated Committee Join by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC S
		nt Fundraising Representa	Leadership PAC S
esignated Agent: Identify		nt Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name		nt Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name			Leadership PAC S
esignated Agent: Identify Full Name	by name, address (phone number – optional)		
esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)		
Full Name Mailing Address TITLE OR POSITION	by name, address (phone number – optional) CITY CITY ies: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or ma	by name, address (phone number – optional) CITY CITY ies: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or ma	by name, address (phone number – optional) CITY CITY ies: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or ma ame of Bank, epository, etc.	by name, address (phone number – optional) CITY CITY ies: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

TITLE OR POSITION Banks or Other Depositor Safety deposit boxes or many Name of Bank, Depository, etc. Mailing Address	ries: List all banks	s or other depositories in wh	Telephone Number	psits funds, ho	
Banks or Other Deposito safety deposit boxes or management of Bank, Depository, etc.	ries: List all banks		·	psits funds, ho	
Banks or Other Deposito safety deposit boxes or management of Bank, Depository, etc.	ries: List all banks		·	psits funds, ho	
Banks or Other Deposito safety deposit boxes or ma	ries: List all banks		·	osits funds, ho	
Banks or Other Deposito	ries: List all banks		·	osits funds, ho	
			·		
TITLE OR POSITION	▼		Telephone Number		
TITLE OR POSITION	▼				
		CITY A	STATE 4		ZIP CODE ▲
Mailing Address					
Full Name					
Designated Agent: Identife	y by name, addres	es (phone number – optional)		
Connected	d Organization	Affiliated Committee	loint Fundraising Repres	entative	Leadership PAC Spo
Relationship:		CITY A	STATE	A	ZIP CODE ▲
	New York		NY	10036	S
Mailing Address	330 W 42nd Str	reet 7th FIr			
1100 0200/144 0					
	_	iliated Committee, Joint Function Function		tive, or Leade	ership PAC Sponso
			,		
4.			FEC ID numbe		
3.			J FEC ID numbe		
3.			FEC ID numbe	er C	
1			FEC ID number	er C	

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundrais i	•		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
-	d Organization, Affiliated Committee, Joint Fundr	• .	e, or Leadership PAC Spon
Mailing Address	12 W 31st St., 12th Floor		
	New York	NY NY	10001
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee Joint of Joint ify by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Ident		Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident		Fundraising Representation	Leadership PAC S
esignated Agent: Ident		Fundraising Representation	Leadership PAC S
esignated Agent: Ident		Fundraising Representation	Ative Leadership PAC S
esignated Agent: Ident	ify by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Spanish
esignated Agent: Ident Full Name Mailing Address	ify by name, address (phone number – optional)		
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or name of Bank,	ify by name, address (phone number – optional) CITY CITY Te ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	ify by name, address (phone number – optional) CITY CITY Te ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or name of Bank, epository, etc.	ify by name, address (phone number – optional) CITY CITY Te ories: List all banks or other depositories in which	STATE A	ZIP CODE A

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n). Joint Fundraising				
1.			EC ID number	C
2.		F	EC ID number	C
3		F	EC ID number	C
4.		F	FEC ID number	C
ame of Any Connected (Organization, Affiliated Committee, v	Joint Fundraisir	ng Representative	e, or Leadership PAC Spor
Philadelphia Joint	Board Political Action Comr	mittee		
Mailing Address	22 S. 22nd St			
	Philadelphia		PA	19103
Relationship:	CITY ▲		STATE ▲	ZIP CODE ▲
	Organization X Affiliated Committee	Joint Fund	draising Representa	ative Leadership PAC S
Connected			draising Representa	ative Leadership PAC S
Connected esignated Agent: Identify	Organization X Affiliated Committee		draising Representa	ative Leadership PAC S
Connected esignated Agent: Identify Full Name	Organization X Affiliated Committee		draising Representa	ative Leadership PAC S
Connected esignated Agent: Identify Full Name	Organization			Leadership PAC S
Connected esignated Agent: Identify Full Name	Organization	optional)		
Connected esignated Agent: Identify Full Name Mailing Address	Organization	optional)		
Connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	Organization Affiliated Committee by name, address (phone number – CITY A es: List all banks or other depositoric	optional)	STATE A	ZIP CODE A
Esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositorifety deposit boxes or mai	Organization Affiliated Committee by name, address (phone number – CITY A es: List all banks or other depositoric	optional)	STATE A	ZIP CODE A
Connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositorifety deposit boxes or mail	Organization Affiliated Committee by name, address (phone number – CITY A es: List all banks or other depositoric	optional)	STATE A	ZIP CODE A
connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositoring deposit boxes or main arme of Bank, epository, etc.	Organization Affiliated Committee by name, address (phone number – CITY A es: List all banks or other depositoric	optional)	STATE A	ZIP CODE A

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Rochester Region	nal Joint Board Political Education Co	mmittee	
Mailing Address	750 East Ave		
	Rochester	NY	14607
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	d Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif	d Organization Affiliated Committee Joint by by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)	Fundraising Representa	
esignated Agent: Identif Full Name Mailing Address	by by name, address (phone number – optional) CITY		
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank,	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank,	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

	ng Participant:		
1		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
Name of Any Connected Amalgamated Ba	d Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Sponsor
, inaiganate 2			
Mailing Address	275 Seventh Avenue		
	New York	NY NY	10001
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Designated Agent: Identi	fy by name, address (phone number – optional)		
Mailing Address			
	CITY A	STATE A	ZIP CODE A
Mailing Address	N ▼ CITY ▲		
Mailing Address TITLE OR POSITION	CITY ▲ Ories: List all banks or other depositories in which	STATE ▲ Telephone Number	ZIP CODE A
Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or many Name of Bank, Depository, etc.	CITY ▲ Ories: List all banks or other depositories in which	STATE ▲ Telephone Number	ZIP CODE A
Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or many part of Bank,	CITY ▲ Ories: List all banks or other depositories in which	STATE ▲ Telephone Number	ZIP CODE A